



DOSH VPP APPLICATION INSTRUCTIONS

This application covers the main elements of all good safety and health programs

Management Leadership and Employee Involvement
Worksite Analysis
Hazard Prevention and Control
Safety and Health Training

The following guidelines are provided to assist you in filling out the application. Please read each question and provide all information requested. For answers to your questions, or assistance in completing your application, call the number or write to the address below. Additional guidelines on preparing your application can be found at the OSHA web site

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=2976#chapter5

Voluntary Protection Program
Division of Occupational Safety & Health (DOSH)
Department of Labor and Industries
Post Office Box 44649
Olympia, Washington 98504-4649

or call

(360) 902-5515

After your completed application has been reviewed and found acceptable, you will be contacted to choose a convenient time for your pre-approval onsite review. During the onsite review, you will be evaluated on how effectively your safety and health program meets the specific needs of your site. Criteria used in the evaluation include how well your program has been planned, communicated, and implemented.

Note: No information from the VPP application will be used for enforcement purposes. Applicants wishing to withdraw their application may do so at any time.

Application Guideline

For efficient processing, your application should follow the format below. It should address each item. In section B - E, you should describe how each program element is implemented at your worksite. If provided in an Appendix, or if available onsite, appropriate documentation should be referenced after the narrative description. Use of the numbering system below helps speed the review of your application. Where existing policies, guidelines, forms, etc., describe your programs, we encourage you to enclose them rather than to write new material for this application.

A. General Information

1. Site / Company Name
 Site Address
 Site Manager
 Title
 Site VPP Contact
 Title
 Phone Number
2. Company / Corporate Name
 (If different than 1. above)
 Corporate VPP Contact (if applicable)
 Title
 Address
 Phone Number
3. Collective Bargaining Agent(s)
 (List information on each separately)
 Union Name and Local #
 Name of Agent
 Address
 Phone Number
4. Number of Employees
 Site Employees
 Routinely used Temporary Employees
 Routinely used Contract Employees
5. Type of Work Performed and Products Produced
6. Site's Standard Industrial Classification (SIC) or currently the North American Industry Classification System (NAICS) Code (3 or more digits).

Construction Sites: The site's SIC or NAICS code is determined by the type of construction project, not individual trades. Construction applicants must provide TCIR and DART rates. All workers, including all subcontractors who worked at the site, must be included in the calculation. The rates must reflect experience from time of site inception until time of application, but must be at least 12 months.

7. Total Case Incident Rate (TCIR)
 - a. For regular site employees, including temporary employees you supervise; provide rates for each of the last three complete calendar years plus the average for all three years combined.
 - b. For contractors whose employees worked 1000 or more hours in any quarter at your site, provide one combined rate as described in 7.a. above for all contractors' employees who qualify. *
8. Day Away/Restricted Work/Transferred Incident Rate (DART)
 - a. For regular site employees, including temporary employees you supervise; provide rates for each of the last three complete calendar years plus the average for all three years combined.
 - b. For contractors whose employees worked 1000 or more hours in any quarter at your site, provide one combined rate as described in 7.a. above for all contractors' employees who qualify. *

Injury incidence Rates are calculated $(N/EH) \times 200,000$ where:

N = number of recordable injuries/illness in one year. (OSHA 300 LOG Columns H+I+J)

EH = total number of hours worked by all employees in one year.

200,000 = equivalent of 100 full-time workers working 40 hour weeks, 50 weeks per year.

Days Away/Restricted Work Incident Rate is calculated with the same equation where:

N = number of injuries/illness resulting in days away from work and restricted work activity days. (OSHA 300 LOG Columns H+I)

9. Comparison to National Averages. Compare the three year TCIR and DART rate to the most recently published Bureau of Labor Statistics (BLS) national average (available online at <http://www.osha.gov/oshstats/work.html>) for the three or four digit (if

available) SIC or the NAICS code for the industry in which the applicant is classified.

- a. These national averages, currently broken down by SIC code, are found in the Table of Incidence Rates of Non-fatal Occupational Injuries and Illnesses by Industry of the BLS Occupational Injuries and Illnesses Bulletin that BLS publishes each year and can be found at OSHA website: <http://www.bls.gov/iif/oshsum.htm> BLS has changed from the SIC classification system to the North American Industry Classification System (NAICS), VPP rates will be compared to the rates generated under NAICS. To convert SIC into a NAICS go to the following BLS website: <http://www.naics.com/search.htm>
- b. To calculate the percent above or below the national average use the following formula:

$$\frac{\text{Site rate} - \text{BLS rate} \times 100}{\text{BLS rate}}$$

10. Use the following table to display the information requested above by using one table for your site employees and the other for contractors with more than 1000 hours in any one quarter of the last three years.

Year Last three years	Total Work Hours	Average Annual Employment	Total Recordable Injury & Illness Cases	Days Away/ Restricted /Transfer Cases	Total Case Incidence Rate (TCIR)	Days Away/ Restricted and Transfer Incidence Rate(DART)
2003						
2004						
2005						
3 Year Totals & Rates 2003-2005						
Average of last available 3 years BLS Rates for SIC/NAICS _____						
Percent Above or Below BLS 3 year average rates						

11. VPP Visit: Describe your site's visit by key personnel to a DOSH VPP site. When? Where? What was the scope of the visit?

B. Management Leadership and Employee Involvement

1. Commitment: Attach a copy of your site's established occupational safety and health policy, goals and objectives.
2. Organization: Describe how the site's safety and health function fits into your overall management organization. An organization chart is preferred but not required.
3. Responsibility: Describe how your site assigns line and staff safety and health responsibility.
4. Accountability: Describe the accountability system you use for line managers, supervisors and employees. Appropriate examples include forms, job performance evaluations, etc. Explain how the system is documented.
5. Resources: Describe personnel, equipment and other resources devoted to your safety and health program.
6. Planning: Describe how planning for safety and health fits into your overall management planning process.
7. Contract Workers: Describe your program for ensuring that all contract workers who do work at your site are provided the same safe and healthful working conditions and the same quality protection as your regular employees. Contractors on VPP sites are eligible to apply for VPP.
8. Employee Involvement: List the ways employees are involved in your safety and health program. Provide specific information about decision processes that employee's impact such as hazard assessment, work analysis, safety and health training and/or evaluation of the safety and health program.

If you have a safety and health committee, complete the following information, where applicable.

- a. Date of committee inception
- b. Method of selecting employee members
- c. Name, job and length of service of each member
- d. Average length of service of employee members
- e. Description of committee meeting requirements
 - Frequency
 - Quorum rules
 - Minutes (you may attach samples)
- f. Description of committee role
 - Frequency and scope of committee inspections
 - Procedures for inspecting the entire worksite

Role in incident investigation
Role in employee hazard notification
Other

- g. Describe the hazard recognition training provided to committee members or any non-managerial employees with duties involving hazard recognition
 - h. List the safety and health information available to and used by the committee
- 9. Annual Evaluation of Your Safety and Health Program: Provide a copy of the most recent evaluation of your safety and health program. Include assessments of the effectiveness of the elements listed in these application guidelines and documentation of recommendations completed.
 - 10. Employee Notification: Describe how you notified employees about site participation in the VPP, their right to register a complaint with DOSH, their right to obtain self-inspection and incident investigation results upon request, etc. (Various methods may include one or more of the following: new employee orientation, bulletin boards, or tool box or work group meetings.)
 - 11. Site Plan: Please attach a site map or general plant lay-out.

C. Worksite Analysis

- 1. Pre-Use Analysis: Explain how new facilities, equipment, materials and processes are analyzed for potential hazards prior to use.
- 2. Comprehensive Surveys: Indicate how you search the site for potential safety and health hazards. Examples are industrial hygiene surveys, comprehensive safety reviews, and project safety reviews at the time of design.
- 3. Self-Inspections: Describe your worksite safety and health routine general inspection procedures. Include information about inspection schedules and industrial hygiene sampling and monitoring. Indicate who performs inspections and how any hazards discovered are tracked until they are eliminated or controlled. (You may attach sample forms and internal time frames for elimination or control.) For health hazards, summarize the testing and analysis procedures used and qualifications of personnel who conduct them.
- 4. Routine Hazard Analysis: Describe how your site routinely examines and analyzes hazards associated with individual jobs, processes or phases. How are the results used in your hazard prevention and control program? Include procedures or guidance techniques used in conducting, relate phase planning, and describe how results are used in training employees to do their jobs safely. For those worksites with complex processes and/or highly hazardous chemicals, describe your process safety program and provide a simple process flow of your operations.
- 5. Employee Reports of Hazards: Describe how employees notify management of potential safety or health hazards. What is management's

procedure for follow-up and tracking corrections? (An option providing for written notification must be part of your program.)

6. Incident Investigation: Explain your site's incident investigation procedures. What training/guidance is given to investigators? How do you determine which incidents warrant investigation? Are near-miss incidents investigated?
7. Pattern Analysis: Describe the system you use to analyze trends in injury/illness experience and hazards identified at your site.

D. Hazard Prevention and Control

1. Professional Expertise: Provide information about your access to and the frequency of your use of certified industrial hygienists and safety professionals.
2. Safety and Health Rules: List your site's rules, and describe or attach a copy of the disciplinary system you use for enforcing them.
3. Personal Protective Equipment: Describe your site's personal protective equipment requirements. If respirators are used, attach a copy of your written respirator program.
4. Emergency Preparedness: Describe your site's emergency planning and preparedness program. Include information on emergency or evacuation drills.
5. Preventive Maintenance: Provide a summary of your equipment and a description of your procedures for the preventive maintenance of the equipment.
6. Medical Program: Describe both your onsite and off-site medical service and physician availability. Explain how your site utilizes the services of occupational health professionals. Indicate the coverage provided by employees trained in first aid, CPR and other paramedical skills, and indicate which training they have received. Give a detailed description of how you address specific programs such as hearing conservation, ergonomics, bloodborne pathogens, etc.

E. Safety and Health Training

Describe the formal and informal safety and health training programs provided for managers, supervisors and employees. Include supervisors' training schedules and information on hazard communication, personal protective equipment and handling of emergency situations. Describe how you verify the effectiveness of the training given. (Sample attendance lists and tracking methods, if any, also may be attached if desired.)

Other Information: Include any other information you believe is crucial to the application.

F. Statement of Commitment

1. Union Statement: If your site is unionized, the authorized collective bargaining agent(s) must sign a statement that supports the site's participation in the VPP. The statement should be submitted with your application and must be on file before DOSH will schedule an onsite visit. Expressions of the commitment of non-union employees are welcome but not required.
2. Management Statement: Please read the following statement carefully and sign on the line below or attach a letter that provides the same assurances.

We agree that:

All employees, including newly hired employees and contract employees when they reach the site, will have the VPP explained to them, including employee rights under the program and under the Act:

All hazards discovered through employee notification, self-inspections, DOSH onsite reviews, incident investigations, process hazard reviews, annual evaluations, or any other means or report, investigation, or analysis will be corrected in a timely manner, with interim protection provided as necessary;

If employees are given health and safety duties as part of our safety and health program, we will ensure that those employees will be protected from discriminatory actions resulting from their carrying out such duties, just as the WISHA Act of 1973 protects employees for the exercise of rights under the Act;

Employees will have access to the results of self-inspections and incident investigations upon request.

We agree to provide the following information for DOSH to review onsite:

Written safety and health programs;

All documentation enumerated under Section III, of the current VPP requirements; and

Any agreements between management and collective bargaining agent(s) concerning the functions of any joint labor-management safety and health committee and its organization and any other employee involvement in the safety and health program.

We will retain these records until DOSH communicates its decision regarding initial VPP participation.

We will likewise retain comparable records for the period of VPP participation to be covered by each subsequent evaluation until DOSH communicates its decision regarding continued approval.

We agree to make available for evaluation purposes any data necessary to evaluate the achievement of goals not listed above.

We will provide DOSH each year, by February 15th, our injury/illness incidence and days away/restricted work activity case numbers and rates, hours worked, estimated average employment for the post full calendar year, and a copy of the most recent annual evaluation of the site's safety and health program following the Region X report format.

In addition, we will send our combined injury/illness incidence and days away/restricted work activity case numbers and rates, hours worked, and estimated average employment for the past full calendar year for all contracted employees who worked at least 1000 hours in any one quarter on our site during the year.

We understand that we may withdraw our participation at any time or for any reason should we so desire.

Signature

Manager of the applicant worksite.

(You may add the signatures of any others you wish)